

State of Idaho

Ben Yaursa Secretary of State To Be Filed By:

L-3 LOBBYISTS
(Sec. 67-6619)

Page 1 of 5 Page(s)
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OG APR -5 AM 7:46 SECRETARY OF STATE STATE OF IDAHO

(Type or print clearly in black ink)
See instructions at bottom of page

See instructio	ns at bottom of page					l l						
obbyist's name and permanent busi		Date pr	epared		Pe	riod cov	ered					
Larry Benton							month ending					
PO Box 667			- 1	04Apr2006								
Wilder, ID 83676			- 1	(Mo.) (Day)								
							3	31	2006			
Totals of all report	able expenditures made o	r incurred by I	obbyis	t or by	Lobbyist's Emplo	yer on be	half of I	obbyis	t's Empl	oyer.		
Category of Expenditure Embursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		nounts contributed by each employer (Identify employers, under on of page.)										
Do Not Have to be Reported	All Employers	Employer No. 1		. 1 Employer No. 2		Employer No. 3			Employer No. 4			
Entertainment Food and Refreshment	\$	s		_[\$_		\$		_ \$	·			
Living Accommodations				_ _				_				
Advertising				_ _				_				
Travel				_ _				_				
Telephone				_ _				_				
Other Expenses or Services								_ [
Total	\$0.00	s	0.00	_ s _	0.00	\$	0.0	<u>xo</u>	·	0.00		
*When the number of employ								ld be ent	ered on P	age l.		
	diture of more than fifty	dollars (\$50)						0.00				
2 Date	Place		Amou	ınt	Names	f Legislato	rs & l'ubi	ie Ornei	als in Gr	oup		
NA						NA	NA					
		l			1							
		l										
Continued on attached page	s)				'							
INS	TRUCTIONS			Item 3	Employer(a) Name(s) and Address(es)							
			+	. Ida	ho Optometri	c Assoc	iation					
Who should file this form: 67-6617 Idaho Code.	N	No.1 Idaho Optometric Association PO Box 667 Wilder, ID 83676										
Filing deadline: Monthly month for activities of the p		0) days of the	N	No.2 Idaho Association of Nurse Anesthetists 2560 Nuthatch Road McCall, ID								
TO BE FILED WITH:	Ben Ysursa		N	No.3 Coalition of Residential Habilitation Providers 861 Cleveland Ave Caldwell, ID 83605								
Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone (200) 324 2882 Fav. (200) 334 2282					No.4 Idaho Residential Supported Living Association							



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LOBBYISTS (Sec. 67-6619) Page 2 of 5 Page(s)
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STATE OF TOAKO

(Type or print clearly in black ink) See instructions at bottom of page

	See instructions at bottom of page																
Lobbyist's name and permanent business address							e pr	epared	Period covered								
Larry	Benton					month endir							ding				
PO Box 667							04Apr2006										
	r, ID 836	76				(Mo.) (Day)							(Yr.)				
*******	., ID 000						31	2006									
Item Totals of all reportable expenditures made or incurred by Lobby								byist or by Lobbyist's Employer on behalf of Lobbyist's Employer.									
Category of Expenditure Reimbursed Personal Living and Travel * Total Amount for Item 3, at bottom						counts contributed by each employer (Identify employers, under m of page.)											
Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			All Employers	Employer No. 1			Employer No. 2		Employer No		No. 3 Employer		er No. 4				
Enterta Food a	inment nd Refresh	ment	s	s		_	s _		s			;					
Living	Accommo	lations				_	_		l		_						
Advert	ising					_	_				_						
Travel						_	_										
Teleph	one					_	_		\								
Other I	xpenses or	Services							 								
		Total	s0.00	s	0.0	00	s _	0.00	s		0.00	·	0.00				
			you are reporting for requi								ould be en	tered on Pa	ge 1.				
Item.		of each expend	liture of more than fifty	iollars (\$50)		_	tor										
	Date		Place	 -	Am	ount		Names of Legislators & Public Officials in Group									
NA						NA											
	Continued or	attached page(s)															
		INST	RUCTIONS		1	Item 3		Employer(s) Name(s) and Address(es)									
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						_{No.1} Idaho Land Title Association 7154 W. State St. Boise, ID 83703											
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.						No.2 Idaho Assn. of Developmental Disability Agencies 818 W. 15th Meridian, ID 83642											
TO BE FILED WITH: Ben Ysursa						No.3 Idaho Naturopathic Physicians Association 4219 W. Emerald Street Boise, ID 83705											
		PO Boise,	etary of State Box 83720 ID 83720-0080	202	-	No.4 Idaho Acupuncture Association											
Phone: (208) 334-2852 Fax: (208) 334-2282						4219 E. Emerald Boise. ID 83705											



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Ben Ysursa Secretary of State

Ben Ysursa

Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282

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LOBBYISTS (Sec. 67-6619) Page 3 of F Page(s)
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Lobbyist's name and permanent business address							prepared				Period covered					
Larry	Benton					04Apr2006					month ending					
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Wilde	er, ID 8367	76									(Mo.) 3	(Day) 31	(Yr.) 2006			
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Item I	Totals	s of all reportab	de expenditures made or	r incurred b	y Lobbyi	ist or b	y Lobbyi	ist's Empl	oyer on	behalf o	f Lobby	yist's Emplo	yer.			
					Proportionate amounts contributed by each employer (Identify employers, under Item 3, at bottom of page.)											
Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity		* Total Amount for All Employers														
De	Not Have to b	e Reported		Emplo	yer No. 1	-	Employe	r No. 2	Emp	loyer N	o. 3	Employ	er No. 4			
	sioment and Refreshm	nent	ls		_ s		s			1.						
	Accommod							• —	′							
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Other l	Expenses or	Scrvices									İ					
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		Total	\$0.00	\$	0.0	<u>- s</u>		0.00	S		.00	\$	0.00			
•	When the num	iber of employers	I you are reporting for requi	l ires multiple	L-3 forms	to be	filed a total	amount fo	t callemp	loyers sh	ould be	entered on Pa	ge 1.			
Item 2		of each expend	iture of more than fifty	dollars (\$50		_	or or othe									
	Date		Place		Amo	ount	Names of Legislators & Public Officials in Group									
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				1			1									
		l		l												
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INSTRUCTIONS						Item 3										
		1191	RUC I IUM													
	o should file 6617 [daho (ny lobbyist registered u	ınder Secti	on N	No.1 Idaho Progressive Healthcare Association 461 Wacker Drive Chicago, IL 60601										
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.					he N	No.2 Idaho Assisted Living Association 838 LaCassia Dr. #200 Boise, ID 83805										
		•			-											
ТО	TO BE FILED WITH:					No.3 ID Chapter - American Institute of Architects										

277 N. 27th Boise, ID 83702

No.4 ID Podiatric Medical Association 277 N. 27th Boise. ID 83702



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Ben Yaurua Secretary of State

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LOBBYISTS (Sec. 67-6619) Page 4 of 5 Page(s)
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	r, ID 8367	6				-			(Mo.)	(Day)	(Yr.)		
											3	31	2006
Item 1	Totals	of all reportab	le expenditures made or	incurred l	by Lobb	yist o	by !	Lobbyist's Emple	yer on b	ehalf o	f Lobbyi	st's Emplo	yer.
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported		* Total Amount for All Employers	Proportio Item 3, a			ints contributed by each employer (Id of page.)			(Identify employers, under				
		All Dilployds	Employer No. 1		i Employer No. 2		nployer No. 2	Empl	oyer N	0. 3	Employ	er No. 4	
Enterta Food as	inment nd Refreshm	ent	s	s		_	\$_		s		_	\$	
Living	Accommoda	tions				_	_						
Advert	ising										_		
Travel						_	_						
Teleph						_	_						
Other I	Expenses or S	Services				_	_				_		
		Total	\$\$	s	0.	00	s _	0.00	s	0	.00	s	0.00
•1			you are reporting for requi								ould be er	stered on Pa	ge I.
Item 2		of each expend	iture of more than fifty	dollars (\$5	_						.Lt:- 006	rials in Gro	
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	i Continued on a	attached page(s)			1			l					
		TNET	RUCTIONS			Ite		En	Employer(s) Name(s) and Address(cs)				
<u> </u>		1101	ROCTIONS					Ot					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.					tion	No.1 Idaho State Broadcasting Association 277 N. 27th Boise, ID 83702							
				N 1		., -							
Filing deadline: Monthly reports due within ten (10) days of the month for activities of the past month.					the	No.2							
TO BE FILED WITH:						No.3							
		Secr	en Ysursa etary of State			<u> </u>							
	-	Boise,	Box 83720 ID 83720-0080	100		No.4							
	Phoi	ne: (208) 334-	2852 Fax: (208) 334-2	202									

AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.